

## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b> <b>10/731,571</b> <b>Filing Date</b> <b>December 9, 2003</b> <b>First Named Inventor</b> <b>David Henrickson</b> <b>Group Art Unit</b> <b>3623</b> <b>Confirmation Number</b> <b>5084</b> <b>Examiner Name</b> <b>Robertson, David</b> <b>Attorney Docket Number</b> <b>317071.01</b>
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**ENCLOSURES** (*check all that apply*)

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The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.

**SIGNATURE OF ATTORNEY OR AGENT**

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